

State of Montana
Department of Labor & Industry



Annual Workers' Compensation Expenditure Reconciliation Report

WORKERS' COMPENSATION REGULATION BUREAU

Mail: PO Box 8011 Helena MT 59604-8011

Street: 1805 Prospect Ave Helena MT 59601

Phone: (406) 444-7737 Fax: (406) 444-3465

Please find listed a complete statement showing total expenditures for:

Insurer Name _____ **DLI #:** _____

For The Year Ending _____

Annual Amounts

Compensation _____

Medical _____

Miscellaneous _____

Total \$ _____

Medical in excess of \$200,000 per claim \$ _____

Bring forward Annual Totals from the Annual Workers' Compensation Expenditure Reconciliation Worksheet. The annual amounts on compensation and medical will be used for the Department's Assessment. The amounts reported on this form are considered final for assessment purposes. Form is due March 1st each year.

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Report Submitted by:
Reporting Office Name _____
Title/Department _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone _____ Ext _____
E-mail Address _____
Typed Contact Name _____
Signature _____

Failure to Return this Form by March 1st may result in Penalty of \$1,000